



Record of Dog License May 1, 2006 thru April 30, 2007

Date: / /2006	Tag No.:				
Owner Name:	Phone No				
Street Address:					
Mailing Address:					
(if di	fferent from st	treet addr	ess)		
Name of Dog:			Breed: _		
Color:	Weight:			Age:	
Rabies Vaccine Exp. Date: _		Сору	of Rabies Cer	<u>tificatio</u>	n Required
PROOF O	F SPAYING O	R NEUTE	RING REQUIR	ED	
Spayed or Neutered:	\$5.00	Not s	spayed or Neute	ered:	\$10.00
Kennel Licenses: (4-10 dogs	\$25.00	(More than 10) \$50.00			\$50.00
Fee Paid: \$					
UPPER PO	ORTION FOR	TOWN C	LERK'S RECOR	DS	
Record of Dog	License Ma	 у 1, 200	6 thru April	30, 200	 7
Name of Dog:	g: Tag No.:				
Owners Name:					
Spayed or Neutered: \$5.00		Not s	spayed or Neute	ered: \$1	0.00
Kennel Licenses: (4-10 dogs	(More than 10) - \$50.00				
Fee Paid: \$	Cash or	Check	(Circle one)	Initia	ıl

DOG OWNER KEEP THIS PORTION AS YOUR RECEIPT